

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/16/2015
NAME OF PROVIDER OR SUPPLIER REAGAN PARK SENIOR LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1176 KINGWOOD DRIVE AVON, IN 46123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00160675 completed on 1/21/15.</p> <p>Complaint IN00160675 - Corrected.</p> <p>Survey date: March 16, 2015</p> <p>Facility number: 013264 Provider number: 013264 AIM number: N/A</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: Residential: 74 Total: 74</p> <p>Census payor type: Other: 74 Total: 74</p> <p>Sample: 3</p> <p>Reagan Park Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00160675.</p> <p>Quality review completed on 03-16-2015 by Brenda Marshall, RN</p>	{R 000}		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE